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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09679455</i>	FILING DATE <i>10/4/08</i>			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1						51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
17							67			
18							68			
19							69			
20							70			
21							71			
22							72			
23							73			
24							74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	1						TOTAL IND.			
TOTAL DEP.	46	←	↓	←	↓	←	TOTAL DEP.	96	←	↓
TOTAL CLAIMS	50						TOTAL CLAIMS	100		

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE			
						APPLICANT(S)					
						CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1						51					
2						52					
3						53					
4						54					
5						55					
6						56					
7						57					
8						58					
9						59					
10						60					
11						61					
12						62	1				
13	1					63					
14						64					
15						65					
16						66					
17	1					67					
18						68					
19						69					
20						70					
21						71					
22						72					
23						73					
24						74					
25						75					
26						76					
27						77					
28						78					
29						79					
30						80	1				
31	1					81					
32	1					82					
33						83					
34						84	1				
35						85					
36						86					
37						87					
38						88					
39						89					
40						90					
41	1					91					
42	1					92					
43	1					93					
44						94					
45						95					
46						96					
47						97					
48						98					
49		1				99					
50		1				100					
TOTAL IND.	18		1			TOTAL IND.		4			
TOTAL DEP.	130	↔	1	↔	↔	TOTAL DEP.	↔	35	↔		
TOTAL CLAIMS	148		2			TOTAL CLAIMS		31			